



**DEPARTMENT OF VETERANS AFFAIRS**  
**Veterans Health Administration**  
**Washington DC 20420**

March 23, 2001

**CARES Stakeholder Communication Bulletin #2001-13**

**CARES: The right care, at the right place, at the right time**

**CURRENT NEWS**

\* VA has released a summary of the data that the CARES Contractor, Booz-Allen & Hamilton is using to draft options for future veterans health care service delivery in VISN 12. This data covers preliminary projected 2010 veteran demand for health care and the VISN 12 facility condition and functional assessments. The data briefing that Booz-Allen developed along with draft facility use and condition maps will be available on the web site at: [www.va.gov/CARES/](http://www.va.gov/CARES/).

**Future Demand**

Booz-Allen used actuarial data as the basis for the projections of veterans health care needs in 2010. These projections use the veteran health care utilization and expenditure models developed previously for enrollment decisions and also estimate demand for selected disability and other clinical programs within VISN 12. In addition to the actuarial projections, demand has been modeled for residential and domiciliary care.

These projections show a small decrease in the number of enrollees from 2001 to 2010. The following table shows, by Priority level, the change in the projected enrollee population:

	2001	2010
Priority 1	13,500	9,873
Priority 2	10,792	8,156
Priority 3	22,719	18,240
Priority 4	7,610	4,990
Priority 5	97,119	85,523
Priority 6	3,309	3,532
Priority 7a	3,063	3,051
Priority 7c	59,499	69,544

(On page 3 of this bulletin the priority groups are explained.)

The actuarial data also projected the patients as follows:

	1998	2000	2010
Veteran Patients	141,849	134,402	136,848

Veteran patients are enrolled users, excluding non veterans.

Data concerning veteran health care use and projections will continue to be refined and will be released as it is available.

## **FACILITIES**

The other element of the data is the condition of existing facilities and their suitability to meet the future service model. The purpose of this data is to determine the capacity, and condition of existing facilities and to identify any vacant or underused space. In addition, this data will identify opportunities to enhance the use of VA properties to better serve veterans.

Following is a recap of the space in the VISN:

Type of Use	Existing Square Footage	Beds
Acute Care	485,094	1,089
Special Disabilities	49,727	136
Extended Care	375,264	1,006
Other Beds	266,799	610
Ambulatory Care	1,041,912	
Research	449,803	
Education	97,232	
Total	6,231,012*	2,841

(\*The column does not add to the total because the total includes space for non-direct patient care, such as lobbies, administrative offices, and diagnostic and treatment rooms.)

Additionally there is 534,438 square feet of vacant space.

Facility maps include information for each of the eight locations including historical designations, necessary upgrades, and use of the current facility. They will be available on the VA web site, [www.va.gov/CARES/](http://www.va.gov/CARES/). This extensive information continues to be refined as it is reviewed and is still considered draft.

\*This week Booz-Allen conducted briefings on the veteran population and facility data in Washington D.C. for Congressional representatives of members from the VISN 12 area, and for the National Veterans Service Organizations.

## **UPCOMING ACTIVITIES**

\*Booz·Allen and Hamilton is anticipating approval from the Office of Management and Budget shortly to proceed with a telephone survey on veteran preferences for health care delivery. Veterans contacted will be randomly selected according to protocols set by the contractor. To ensure representation of those who may not be reachable by telephone, Booz·Allen will conduct some personal interviews.

### **What are the Priority Groups?**

In order to receive health care services through the VA, veterans must enroll. Based on the enrollment application, each veteran is assigned a priority group ranging from 1-7 with 1 being the highest priority for enrollment. Under the Uniform Benefits Package, the same services are generally available to all enrolled veterans. The priority groups are:

- \* Priority Group 1: Veterans with service-connected disabilities rated 50% or more disabling
- \* Priority Group 2: Veterans with service-connected disabilities rated 30 to 40% disabling
- \* Priority Group 3: Veterans who are former POWs, whose discharge was for a disability that was incurred or aggravated in the line of duty, veterans with service-connected disabilities rated 10% or 20% disabling and veterans awarded special eligibility classification under Title 38, U.S.C., Section 115
- \* Priority Group 4: Veterans who are receiving aid and attendance or housebound benefits or who have been determined by VA to be catastrophically disabled
- \* Priority Group 5: Nonservice-connected veterans and service-connected veterans rated 0% disabled whose annual income and net worth are below the established dollar threshold
- \* Priority Group 6: All other eligible veterans who are not required to make copayments for their care, including World War I and Mexican Border War veterans; veterans receiving care solely for disabilities resulting from exposure to toxic substances, radiation or for disorders associated with service in the Gulf War; or for any illness associated with service in combat in a war after the Gulf War or during a period of hostility after November 11, 1998; and compensable 0% service-connected veterans
- \* Priority Group 7: Nonservice-connected veterans and noncompensable 0% service-connected veterans whose needed care cannot be provided by enrolling in any of the groups above and who agree to pay specified co-payment

**WHAT IS CARES?**

CARES (Capital Asset Realignment for Enhanced Services) is about providing veterans the right care, at the right place, at the right time. It is about providing appropriate access and service for those who currently use VA's health care system, and for those who will use it in the future. The program will assess veterans' health care needs across the country, identify delivery options to meet those needs in the future, and guide the realignment and allocation of capital assets to support the delivery of health care services. Through CARES, VA will optimize care delivery in terms of both quality and access.

**WHO IS CONDUCTING CARES?**

To ensure objectivity in this analysis, VA has hired outside health care consultants. Two companies are involved in the study. Actuarial consultants are conducting a study of factors, such as demand for VA health care services, demographics, and other data, to project what services will be needed and where. Booz-Allen & Hamilton will be using this data, incorporating information from stakeholders, analyzing current operations during their visits to the facilities and develop options to meet the future needs of veterans. The consultant will be applying a standard set of pre-approved criteria to various options.

**WHAT OPPORTUNITY IS THERE FOR PEOPLE AND GROUPS TO HAVE A SAY IN CARES?**

Input into the CARES process will continue to be collected from both internal and external stakeholders. To date, we have received valuable information from our stakeholders during the facility visits that occurred during January. Additionally, we have received e-mails and letters from interested persons and groups about the CARES study. This input will be very valuable in developing the health care service delivery options.

Input into the CARES process will be considered throughout the process. Send comments or questions via mail, or e-mail.

Mail: CARES Comments  
VISN 12 Office (10N12)  
P.O. Box 5000, Building 18  
Hines, IL 60141-5000  
E-mail: [CARES.mailbox@med.va.gov](mailto:CARES.mailbox@med.va.gov)

All of the comments will be forwarded to the contractors for their use during the development of the options.

Comments have been coming in. While individual comments cannot be acknowledged and answered individually, comments will be forwarded to the contractor for use in the development of the options and later to the National CARES Project Team (NCPT) for their use in the evaluation of the options.

#### **HOW CAN I GET MORE INFORMATION ON CARES?**

There will continue to be regular bulletins about CARES with updated information. It is expected that these bulletins will be sent out weekly. The CARES web site will also be updated periodically. There are now two web sites that individuals may use. For VA employees and any others who have access to the VA Intranet, there is a link on the VISN 12 Home Page for CARES. In addition, VA's Internet web site has been established at the following address - [www.va.gov/CARES/](http://www.va.gov/CARES/).

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Capital Asset Realignment for Enhanced Services (CARES) Comment Form  
VISN 12 CARES STUDY

Areas of Interest: \_\_\_\_\_

Comments (Please add additional pages if needed):

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*While all comments are taken into consideration, comments cannot be  
acknowledged and answered individually.*

Name (please print): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Date: \_\_\_\_\_

Mail comments to: CARES Comments  
VISN 12 Office (10N12)  
P.O. Box 5000, Building 18  
Hines, IL 60141-5000

E-mail comments to: CARES.Mailbox@med.va.gov

Washington Website: <http://www.va.gov/cno>